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## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32314				
SUBJECT: South Atlantic	C Ports & Maritime Coalition, Inc (PROPOSED CORPORA	ATE NAME – <u>MUST INCLUI</u>	DE SUFFIX)	
Enclosed is an original ar	nd one (1) copy of the Artic	cles of Incorporation a	nd a check for :	
\$70.00	X \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	Status	a Certified Copy	& Certificate	
		ADDITIONAL CO	OPY REQUIRED	
FROM: Gerald P Jones CPA PLLC  Name (Printed or typed)				
	0000 0 0 .			
2039 Soutel Drive Address				
Jacksonville, Florida 32208				
City, State & Zip				
			20	:://o
	(904) 607-6067			
Daytime Telephone number			•	
			<u>i</u> 	1
cpagpj@gmail.com			``	

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Address:

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)				
ARTICLE I NAME  The name of the corporation shall be: South Atlantic Ports & Maritime Coalition, Inc				
ARTICLE II F	PRINCIPAL OFFICE			
F	Principal <u>street</u> address:		Mailing address, if different is:	
215 West	10th Street	215	West 10th Street	
Jacksonvill	le	Jack	sonville	
Florida 322		Elon	da 32206	
ARTICLE III F		<del></del>		
		ne specific purpose	for which this corporation is organized is:	
To Promote Unde	erstanding And Cooperation Among The Lor	ngshoremen Of The	e South Atlantic Region And Its Employers.	
		<u>.</u>		
ARTICLE IV N	ANNER OF ELECTION The manner	er in which the dire	ctors are elected and appointed:	
As Provided For t	In The Bylaws.			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS				
Name and Title:	Kenneth Riley, President	Name and Title:	Vincent Cameron, Vice President	
Address:	2079 Savage Road	Address:	7701 Brandon Court	
	Charleston	-	Jacksonville	
	South Carolina 29407	-	Florida 32219	
Name and Title:	Romia Johnson, Treasurer	Name and Title:	Romia Johnson, Secretary	
Address:	215 West 10th Street	Address:	215 West 10th Street	
	Jacksonville	_	Jacksonville	
	Florida 32206	_	Florida 32206	
Name and Title:		Name and Title:	7 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

Address:

Gerald P J	ones CPA PLLC			
Name and Title:	Kenneth Riley, Director	Name and Title:	Vincent Cameron, Director	
Address:	2079 Savage Road	Address:	7701 Brandon Court	
	Charleston	_	Jacksonville	
	South Carolina 29407	_	Florida 32219	
Name and Title:	Romia Johnson, Director	Name and Title:		
Address.	215 West 10th Street	_ Address:		
	Jacksonville	_		
	Florida 32206			
The <u>name and Fl</u>	EGISTERED AGENT  orida street address (P.O. Box NOT acce	eptable) of the regist	ered agent is:	
Name:	Romia Johnson	<del></del>		
Address:	215 West 10th Street			
	Jacksonville, Florida 32206			
	Idress of the Incorporator is:			
Name:	Romia Johnson			
Address:	215 West 10th Street			
	Jacksonville, Florida 32206			
	FFECTIVE DATE:			
	ther than the date of filing: te is listed, the date must be specific ar	9/10/2024 nd cannot be more	(OPTIONAL) than five days prior or 90 days after the fi	iling.)
Note: If the date if the document's eff	nserted in this block does not meet the ap fective date on the Department of State's r	plicable statutory fili ecords.	ng requirements, this date will not be listed a	as 
Having been name in this certificate, I	a as registered agent to accept service of p am familiar with and accept the appointme	process for the above nt as registered agei	e stated corporation at the place designated of and agree to act in this capacity	13.C.
10	mia Without	<u> </u>	9/5/2024	J -1
	Required Signature of Registered Agent	<u>*</u>	Date	;;-
I submit this docum	nent and affirm that the facts stated herein.	are true. I am aware	that any false information submitted in a	
document to the De	epartment of State constitutes a third degre	e felony as provided	I for in s.817.155, F.S.	<u>-</u>
La	P	\$1.	9/5/2024	<i>(</i> ``.
_	Required Signature of Incorporator		Date	

# **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: South A	Atlantic Ports & Maritime Coalitio	on, Inc		
	(PROPOSED COF	RPORATE NAME – <u>MUST INCL</u> I		
Enclosed is an origin	al and one (1) copy of the	e Articles of Incorporation	and a check for :	_
\$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL C	OPY REQUIRED	
FRO	OM: Gerald P Jones CPA PL Nam	LC ne (Printed or typed)		
	2039 Soutel Drive	Address	<del></del>	
	Jacksonville, Florida 322	208 City, State & Zip		
	(904) 607-6067 Daytin	ne Telephone number	50.2.5.5	N. SE.
	cpagpi@gmail.com E-mail address: (to be u	used for future annual report notif	<del></del>	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;

NOTE: Please provide the original and one copy of the articles.

### ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

	VAME corporation shall be: South Atlantic P	orts & Maritime Coa	lition. Inc
ARTICLE II F	PRINCIPAL OFFICE		
P	Principal <u>street</u> address:		Mailing address, if different is:
215 West 1	Oth Street	215	West 10th Street
Jacksonvill	e	Jac	ksonville
Florida 322	206	Flor	rida 32206
	which the corporation is organized is:		e for which this corporation is organized is: ne South Atlantic Region And Its Employers.
As Provided For I			ectors are elected and appointed:
Name and Title:	Kenneth Riley, President	Name and Title:	Vincent Cameron, Vice President
Address:	2079 Savage Road	Address:	7701 Brandon Court
	Charleston		Jacksonville
	South Carolina 29407	_	Florida 32219
Name and Title:	Romia Johnson, Treasurer	Name and Title:	Romia Johnson, Secretary
Address:	215 West 10th Street	Address:	215 West 10th Street
	Jacksonville		Jacksonville 371
	Florida 32206		Florida 32206
Name and Title:		Name and Title:	<u> </u>
Address:		Address:	
			<u> </u>

Gerald P J	ones CPA PLLC		
Name and Title:	Kenneth Riley, Director	Name and Title:	Vincent Cameron, Director
Address:	2079 Savage Road	Address:	7701 Brandon Court
	Charleston	<del></del>	Jacksonville
	South Carolina 29407		Florida 32219
Name and Title:	Romia Johnson, Director	Name and Title:	
Address:	215 West 10th Street	Address:	
	Jacksonville	_	
	Florida 32206	_	
The <u>name and Fl</u>	EGISTERED AGENT orida street address (P.O. Box NOT acc	eptable) of the regist	ered agent is:
Name	Romia Johnson		
Address:	215 West 10th Street		
	Jacksonville, Florida 32206	<del></del>	
ARTICLE VII IN The name and ad Name: Address:	CORPORATOR dress of the Incorporator is:  Romia Johnson 215 West 10th Street		
	Jacksonville, Florida 32206		
	her than the date of filing:	9/10/2024 nd cannot be more	(OPTIONAL) than five days prior or 90 days after the filing.
Note: If the date in the document's effort	nserted in this block does not meet the ap ective date on the Department of State's	oplicable statutory filio records.	ng requirements, this date will not be listed as
Having beep fiamed in this certificate, I	as registered agent to accept service of am familiar with and accept the appointment	process for the above ent as registered ager	stated corporation at the place designated at and agree to act in this capacity
- 10	rula Alatanic Alequired Signature of Registered Agent	71	9/5/2024
,	Required Signature of Registered Agent		Date
I submit this document to the De	nent and affirm that the facts stated herein partment of State constitutes a third degri	are true. I am aware ee felony as provided	that any false information submitted in a for in s.817.155, F.S.
		ELL	9/5/2024
_	Required Signature of Incorporator		Date